

PROPOSED EQUIVALENCY to CODE – REQUEST for APPEAL1. ☐ PRIOR TO PLAN REVIEW SUBMITTAL ☐ AFTER PLAN REVIEW

ASSOCIATED EXISTING PROJECT: P0 _____

EXISTING PROJECT NAME: _____

2. REVIEW TYPE:

**PROPOSED EQUIVALENCY to CODE – REQUEST for APPEAL**

3. Project Name: _____

Street Address: _____

Suite or Space No: _____

City: _____ Within city limits? ☐ Yes ☐ No

State: LA Zip: _____ - _____ Parish: _____

- Complete the following --- if the Building has more than one story?

Number of Stories: _____ Project is on which floor(s)? _____

Is this a high-rise building? ☐ Yes ☐ No*A high rise is defined as a building with 7 stories or more or 75 ft high or taller.*

Estimated Cost of Project: \$ _____

Project Description: _____

4. Select Appeal Type/Deficiency Type/Sub-Type:

A) ☐ Life Safety Fire Protection☐ Means of Egress

- ☐ Separation and Protection
- ☐ Egress Capacity
- ☐ Number of Means of Egress
- ☐ Arrangement
- ☐ Travel Discharge
- ☐ Exit Discharge

☐ Area of Refuge☐ Fire Protection Construction/Compartmentation

- ☐ Fire Barrier Requirements
- ☐ Smoke Partitions/Barriers
- ☐ Vertical Opening Protection
- ☐ Special Hazard Protection
- ☐ Travel Discharge
- ☐ Exit Discharge

☐ Heating Ventilation and Air Conditioning☐ Fire Alarm Requirements☐ Automatic Sprinkler System Requirements

- ☐ General
- ☐ Technical

☐ Suppression System Requirements☐ Interior Finish☐ Other

4. Select Appeal Type/Deficiency Type/Sub-Type: (cont.)

B) ☐ Accessibility

- ☐ General Accessibility
- ☐ Accessible Routes
- ☐ Parking
- ☐ Toilet Rooms
- ☐ Bathing Rooms
- ☐ Reach Range
- ☐ Clear Floor Space
- ☐ Changes in Level
- ☐ Doors
- ☐ Ramps
- ☐ Stairs
- ☐ Handrails
- ☐ Other

C) ☐ Subsequent Appeal

D) ☐ Product Evaluation

E) ☐ Building Code Equivalencies for Industrialized Buildings

F) ☐ Smoke Generation and/or Timed Egress Flow Analysis

5. Description of Deficiency: _____

6. Proposed Equivalency: _____

7. Select your Architectural Review Type:

- ☐ New Construction
 - ☐ Complete Build-out
 - ☐ Partial Build-out
 - ☐ Foundation Only
 - ☐ Shell
- ☐ Renovation or Addition to an Existing Building
 - ☐ Alteration Level 1 (Minor alterations or repairs)
 - ☐ Alteration Level 2 (<50% of the square foot age of the building)
 - ☐ Alteration Level 3 (50% or more of the square foot age of the building)
 - ☐ Addition(s)
 - ☐ Change in use of the building
 - ☐ Kitchen Exhaust Hood Construction
 - ☐ Paint Booth Construction
 - ☐ Generator Installation Level I/Level II
 - ☐ Level I
 - ☐ Level II
 - ☐ Clean Agent Room Construction
- ☐ Temporary Construction Building Installation or Tents
 - Number of Temporary Buildings or Tents: _____
 - Number of Months Building or Tent will be Utilized: _____

- Are you pursuing a DHH License for a Healthcare facility? ☒ Yes ☐ No

8. ENERGY CODE COMPLIANCE

- ☐ COMcheck complies ☐ YES ☐ NO ☐ EXEMPT
- ☐ REScheck complies ☐ YES ☐ NO ☐ EXEMPT
- ☐ Not Applicable / REASON FOR EXCEPTION _____

9. LOUISIANA STATE UNIFORM CONSTRUCTION CODE

- ☐ Office of State Fire Marshal (*ELIGIBLE JURISDICTIONS ONLY*)
- ☐ Parish or Municipal Permitting Office
- ☐ Registered Third Party Provider
- ☐ Third Party Provider's LSUCCC Registration Number: _____

10. OCCUPANCY CLASSIFICATION(s)

- ☐ ASSEMBLY _____ square feet
 - ☐ 50 TO 299 OCCUPANTS ☐ 300 TO 499 OCCUPANTS
 - ☐ 500 TO 999 OCCUPANTS ☐ 1,000 OCCUPANTS OR MORE
 - ☐ Group A-1 ☐ Group A-2 ☐ Group A-3 ☐ Group A-4 ☐ Group A-5
- ☐ INSTITUTIONAL _____ square feet
 - ☐ Group I-1 (Group Care)
 - Group I-2 (Health Care)
 - ☐ HOSPITAL ☐ LIMITED CARE FACILITY ☐ NURSING HOME
 - Group I-3 (Detention/Correction)
 - ☐ CONDITION 1 ☐ CONDITION 2 ☐ CONDITION 3 ☐ CONDITION 4
 - ☐ Group I-4 (Day-Care)
 - Number of Children over 2-1/2 years of age: _____
 - Number of Children 2-1/2 years of age or less: _____
 - Number of Adults (if Adult Day Care): _____

- ☐ BUSINESS _____ square feet
- ☐ MERCANTILE _____ square feet
- ☐ Class A (>30,000 sq. ft.)
 - ☐ Class B (Between 3,000 and 30,000 sq. ft.)
 - ☐ Class C (<3,000 sq. ft.)
- ☐ EDUCATIONAL OR DAY-CARE _____ square feet
- ☐ School/Classroom
 - ☐ Day Care
- Number of Children over 2-1/2 years of age: _____
- Number of Children 2-1/2 years of age or less: _____
- Number of Adults (if Adult Day Care): _____
- ☐ RESIDENTIAL _____ square feet
- ☐ Group R-1 (Hotel/Motel - Primarily Transient)
 - ☐ Group R-2 (Apartments- Primarily Permanent)
 - ☐ Group R-3 (Small Miscellaneous)
 - ☐ Group R-4 (Small Residential Care for <16 Occupants)
- Number of Occupants: _____
- ☐ FACTORY / INDUSTRIAL _____ square feet
- ☐ Group F-1 (Moderate Hazard)
 - ☐ Group F-2 (Low Hazard)
 - ☐ High Hazard
 - ☐ GROUP H-1 DETONATION HAZARD
 - ☐ GROUP H-2 DEFLAGRATION HAZARD
 - ☐ GROUP H-3 COMBUSTIBLE HAZARD
 - ☐ GROUP H-4 HEALTH HAZARD
 - ☐ GROUP H-5 HAZARDOUS PRODUCTION MATERIALS
- ☐ STORAGE _____ square feet
- ☐ GROUP S-1 (Moderate Hazard) → Identify the materials to be stored: _____
 - ☐ GROUP S-2 (Low Hazard) → _____
- _____
- _____
- _____
- _____
- ☐ HIGH HAZARD **STORAGE**
- ☐ GROUP H-1 DETONATION HAZARD
 - ☐ GROUP H-2 DEFLAGRATION HAZARD
 - ☐ GROUP H-3 COMBUSTIBLE HAZARD
 - ☐ GROUP H-4 HEALTH HAZARD
 - ☐ GROUP H-5 HAZARDOUS PRODUCTION MATERIALS
- ☐ UTILITY / MISCELLANEOUS _____ square feet
- Provide a Description of Use: _____
- _____
- _____



TOTAL SQUARE FEET OF THE AREA UNDER REVIEW: _____ SQ FT

9. ADDITIONAL FEATURES

(Select ALL applicable fire protection or occupancy features that are associated with this project)

- | | | |
|---|---|---|
| <input type="checkbox"/> Sprinkler System – 13 | <input type="checkbox"/> Stage or Platform | <input type="checkbox"/> Motor-Vehicle Related |
| <input type="checkbox"/> Sprinkler System – 13 D | <input type="checkbox"/> Aircraft Related | <input type="checkbox"/> Special Amusement |
| <input type="checkbox"/> Sprinkler System – 13 R | <input type="checkbox"/> Owned and Operated By a Religious Entity | <input type="checkbox"/> Hazardous Materials |
| <input type="checkbox"/> Kitchen Hood Fire Suppression System | <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> University / College |
| <input type="checkbox"/> Boiler(s) | <input type="checkbox"/> Special Locking System(s) | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Clean Agent | <input type="checkbox"/> Paint Booth | <input type="checkbox"/> Generator (Required) |
| <input type="checkbox"/> Covered Mall Building | <input type="checkbox"/> Casino/Gaming Area | <input type="checkbox"/> Generator (Non-Required) |
| <input type="checkbox"/> Underground Building | <input type="checkbox"/> Atrium | <input type="checkbox"/> Ambulatory Health Care |

10. CONSTRUCTION TYPE

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> V-B / V(000) (NON-RATED WOOD) | <input type="checkbox"/> V-A / V(111) (FIRE-RATED WOOD) | <input type="checkbox"/> IV-HT / IV(2HH) (HEAVY TIMBER) | <input type="checkbox"/> III-B / III(200) (COMBINATION WOOD/STEEL/CONC) |
| <input type="checkbox"/> III-A / III(211) (COMBINATION WOOD/STEEL/CONC) | <input type="checkbox"/> II-B / II(000) (NON-RATED STEEL/CONC) | <input type="checkbox"/> II-A / II(111) (1 HOUR RATED STEEL/CONC) | <input type="checkbox"/> I-B / II(222) (2 HOUR RATED STEEL/CONC) |
| <input type="checkbox"/> I-A / I(332) (3 HOUR RATED STEEL/CONC) | <input type="checkbox"/> I-A / I(442) (4 HOUR RATED STEEL/CONC) | <input type="checkbox"/> Not Provided / Unknown | |

11. APPLICANT(S) (P.O.R. / OWNER / TENANT / CONTRACTOR / ADDITIONAL CONTACT)

☐ PROFESSIONAL OF RECORD

P.O.R is a Louisiana Licensed ☐ Engineer Louisiana License Number: _____

☐ Architect Louisiana License Number: _____

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

☐ OWNER

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

☐ TENANT

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

☐ **CONTRACTOR**

| | | | |
|----------------|---------------|-------------|--------|
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| NAME OF FIRM | PHONE | FAX | EMAIL |
| STREET ADDRESS | | | |
| ZIP Code | PARISH/COUNTY | CITY | STATE |

☐ **ADDITIONAL CONTACT**

| | | | |
|----------------|---------------|-------------|--------|
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| NAME OF FIRM | PHONE | FAX | EMAIL |
| STREET ADDRESS | | | |
| ZIP Code | PARISH/COUNTY | CITY | STATE |

11. DOCUMENTS PROVIDED FOR REVIEW

☐ Correspondence ☐ Plans ☐ Shop Drawings ☐ Specifications ☐ Photographs

This section allows the applicant (any owner, professional of record, contractor, developer, or manufacturer) to clearly identify all records containing proprietary or trade secret information submitted to the Office of State Fire Marshal, as documents that contain confidential, proprietary, or trade secret information, in accordance with the Public Records Law, specifically R.S. 44:3.2(D). Any record disclosures will be made in accordance with the Public Records Law.

☐ DOCUMENT CONTAINS CONFIDENTIAL PROPRIETARY OR TRADE SECRET INFORMATION

☐ DOCUMENT DOES NOT CONTAIN CONFIDENTIAL PROPRIETARY OR TRADE SECRET INFORMATION

12. REVIEW FEE & PAYMENT

- Money orders, cashier's checks, certified checks, and company checks are accepted.
Personal checks accepted – must include LA driver's license number on check.
- Appeal Requests
Note: Charge is per each issue.

| | |
|---|--------|
| Handicapped Accessibility | \$ 25 |
| Life Safety / Fire Code Appeals | \$ 100 |
| Smoke Control Reviews (\$50 for resubmission) | \$ 100 |
| Timed Egress (\$50 for resubmission) | \$ 100 |
| Other Appeals (\$50 for resubmission) | \$ 100 |